



Introduction

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Background

The California Area Indian Health Service provides the healthcare delivery system to the State of California, the home of the largest population of American Indians/Alaska Natives (AI/AN) in the country. According to the 2000 Census, California's Indian population was 333,346 AI/AN. The 2000 Census also indicated that there were 294,216 additional people who stated that they were American Indian and a combination of one or more other races. California is home to 107 federally recognized tribes.

There are presently 31 California tribal health programs operating 57 ambulatory clinics under the authority of the Indian Self Determination Act. IHS funds eight urban health programs that operate under the authority of the Indian Health Care Improvement Act.

None of the tribal facilities and programs currently operating in California originated as facilities previously operated by the IHS, as in the case in other IHS areas. Population sizes and dispersion of tribal groups in the California area makes it unlikely that a hospital-based service program will develop within the area, similar to other IHS areas where the federal government has built, staffed and maintained hospitals and satellite clinics on Indian reservations.

Tribal programs will continue to rely on private and public hospitals to meet inpatient and emergency needs. Some tribal health program physicians have privileges at local hospitals and follow their patients through the local hospital system. Otherwise, the patients are referred to private physicians using Contract Health Services (CHS) funding, as well as other alternate resources. Most programs have not developed laboratory, pharmacy or x-ray specialties, so these services are purchased from the private sector through CHS funding or other tribal resources.

Purpose

The plan analyzes, justifies and designs a comprehensive California Area Health Services Master Plan (Plan) that documents the existing status and the total unmet short and long-term needs for tribal healthcare services and facilities. The Plan addresses both outpatient and inpatient needs. The inpatient needs also reflect the amount of Contract Health Services funds necessary in lieu of constructing any inpatient facilities. The effort is based on service area populations, locations (accessibility), travel distances, workload threshold, provider capacities, space capacities, resource deficiencies, and related data.

Development Strategy

Each PSA established a Planning workgroup to identify and facilitate the needs for their respective healthcare facilities and service areas. An Area-wide Planning Workgroup was established to facilitate the needs of the California Area as a whole. Based on guidance from this workgroup throughout the process outlined below, the California Area developed a Master Plan to address the health services and health facilities needs for the Area.

The contractor and the IHS project officer were responsible for setting up and coordinating all review meetings required for each phase.



Participants

California Area Service Units and Primary Care Service Areas (PSA) included in this master plan project are:

Program/Consortium	PSA
Central Valley Indian Health Program.....	Clovis Health Center North Fork Health Center Prather Health Center Tachi (Lemoore) Health Center
Chapa De Indian Health Program	Auburn Health Center Grass Valley Health Clinic Yocha (Woodland) Health Clinic
Colusa Indian Health Program	Colusa Indian Health Clinic
Consolidated Tribal Health.....	Consolidated Health Clinic
Feather River Tribal Health, Inc.	Oroville Health Center Yuba City Health Center
Greenville Rancheria.....	Greenville Tribal Health Center Red Bluff Tribal Health Center
Indian Health Council	Santa Ysabel Valley Center
Karuk Tribal Health Program	Happy Camp Health Clinic Orleans Health Center Yreka Health Center
Hoopa	K'ima:w Medical Center
Lake County Tribal Health	Lake County Tribal Health Clinic
MACT Health Board, Inc.	Jackson Clinic Mariposa Clinic Sonora Clinic Tuolumne Clinic West Point Clinic
Modoc Indian Health Project.....	Modoc Health Clinic
Northern Valley Indian Health Program	Chico Health Clinic Willows Health Clinic
Pit River Health Services	Burney Health Clinic XL Clinic
Quartz Valley Rancheria	Quartz Valley Indian Health Center
Redding Rancheria (<i>Not a formal Participant</i>)	Redding Rancheria Health Center
Round Valley Indian Health	Round Valley Indian Health Center
Riverside/San Bernardino County Indian Health Prog.....	Cahuilla/Santa Rosa Clinic Morongo Health Care Center Pechanga Health Care Center San Manuel Health Care Clinic Soboba Health Care Center Torres Martinez Health Care Center
Santa Ynez Health	Santa Ynez Health Clinic
Shingle Springs Tribal Health Clinic.....	Shingle Springs Tribal Health Clinic
Sonoma County Indian Health Project.....	Manchester Point Arena Clinic Santa Rosa Health Center
Southern Indian Health Council	Alpine Health Center Campo Medical/Dental Clinic
Susanville Rancheria	Lassen Indian Health Center
Sycuan	Sycuan Medical/Dental Clinic
Toiyabe Indian Health Project.....	Bishop Clinic Camp Antelope Clinic (closed) Lone Pine Clinic



Tule River Tribe.....	Tule River Indian Health Center Visalia Health Station (currently closed)
United Indian Health Services.....	Crescent City (<i>new PSA</i>) Fortuna Health Clinic Howonquet (Smith River) Health Center Klamath Health Center Potawot (Arcata) Health Center Weitchpec Health Clinic
Warner Mountain Indian Health Clinic	Warner Mountain Indian Health Clinic

Primary Care Service Area Master Plans

The PSA Master Plan provides a comprehensive definition of services for each health delivery program. The list of services includes currently provided services to be continued and expanded where appropriate, along with any new services to be provided.

It is intended that the Master Plan for each facility establish a conceptual direction for existing and new healthcare services based on analysis of the community health needs, projected service area population statistics, and other pertinent data. The IHS Health Systems Planning (HSP) standards were used as part of the analysis. Where necessary "out-of-template" programs proposed for a PSA were examined and justified accordingly.

The Master Plan also includes a composite ten-year Development Plan assembled from each PSA's priorities. The Development Plan, however, does not prioritize PSA priorities against any workgroup criteria. The Master Plan does not include projected costs and potential funding sources.

None of the Master Plans are intended to include facility design activities.

Area Master Plan

The Area Master Plan is an assimilation of all service unit Master Plans into one document. It includes summary documentation of services, CHS \$, Staff and Space.

Process

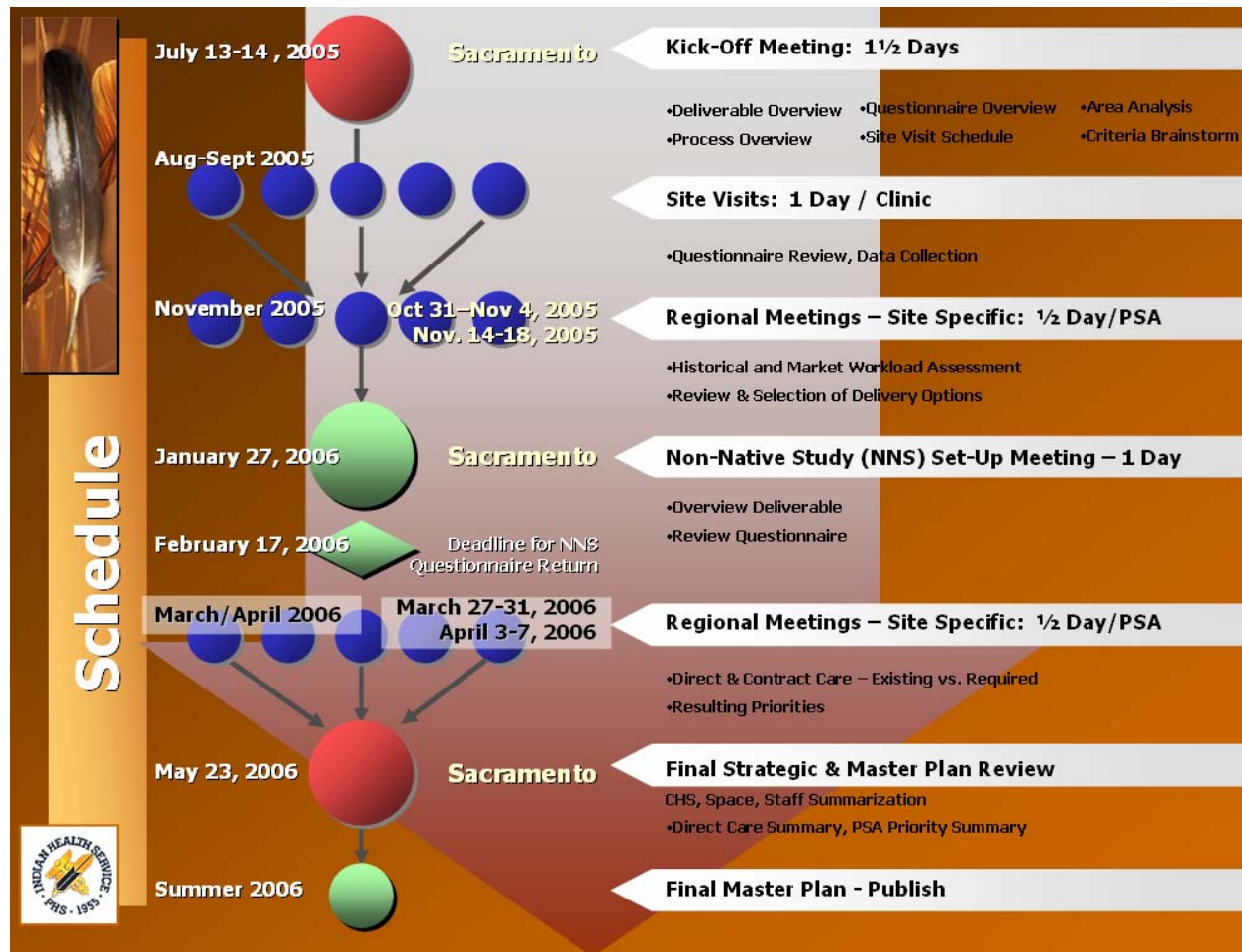
This report is the final step in the creation of the California Health Services Master Plan. Publication is somewhat later than projected at the pre-final meeting due to efforts at bringing outlier PSAs back to full participation and support of the effort. This report represents the future healthcare demand of the Area as a whole and each Primary Service Area (PSA) contained therein; as well as the capacity of the Area and each PSA to supply or prepare for this demand.

The steps in the planning process already completed are identified in the brief review below:

- Step One: the Kickoff Meeting in Sacramento on July, 2005 (Supplemental Kickoff Meeting was also held in August, 2005)
- Step Two: site visits for each of the Primary Service Areas (PSA) in August – September 2005.
- Step Three: population based market projections by product line. The effort documented existing workloads, comparing them to National and IHS standards for the population, forecasting the key characteristics required for each service. From this documentation, a PSA/consultant team worked with each site in November 2005, to draft a Service Delivery Plan.
- Step Four: A Non-Native Inclusion (NNI) opportunity was provided for interested PSAs due to the high percentage of Non-Natives served at many California clinics. This sub-process occurred in the following steps



- NNI Set-Up Meeting January 27, 2006
 - Data Collection / Questionnaire (February 2006)
 - Develop projections for Native America “plus” and integrated into existing delivery planning documents
- Step Five: regional meetings at site specific locations where service areas reviewed Resource Allocation needs required to support the delivery plan as well as resource needs prioritization in March/April 2006.
- Step Six: the Final Strategic & Master Plan Review (Pre-Final) Meeting held in Sacramento, on May 23, 2006, along with the published pre-final report.



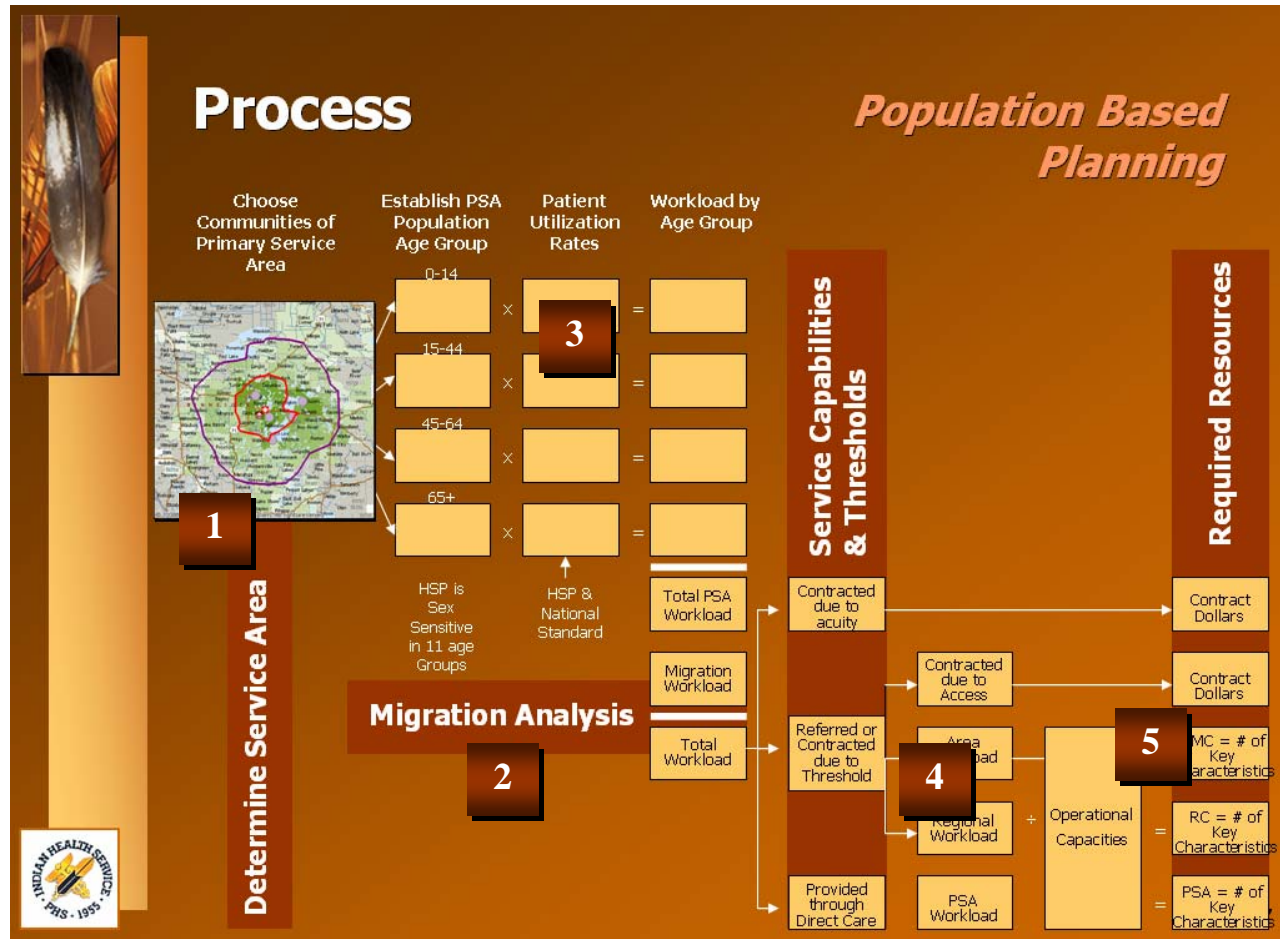
Methodology

Healthcare is a population-based enterprise. The goal of this exercise is to allow the Area workgroup and the PSA workgroups to view the complexity of the healthcare industry in such a way as to allow each service to be considered at its simplest element. We define that element as a Key Characteristic. Key Characteristics are typically the most expensive attribute to a service and range from Dental Chairs to Providers to FTEs. Making decisions along the way, based on these Key Characteristics, allows us in the end to define a Delivery Plan per Service. That Delivery Plan mandates the Required Resources. Required Resources as indicated below can include Contract Health Dollars, Key Characteristics, as well as Staffing and Space. These resources can be located locally, regionally or Area-wide in accordance with the Delivery Plan.



The process utilized for each product line is indicated below. The key decisions in this process are as follows:

1. Determine Service Area
2. Crossover (Migration) Analysis
3. Project Workload
4. Regional Area Determination
5. Apply Operational Capacities



Wrap-Up

The Master Plan presented on the following pages starts at the community level and builds. This development of needs has considered Tribal and IHS input, historical and national norms of patient utilization and productive models of health care delivery. This proposed system has been viewed from the community level as well as at the Regional and Area-wide level. It is a plan built on age sensitive projection of population and the user's historical tendency to crossover for care to other centers of greater specialization and market activity. It provides a framework for local organizations and Service Areas to guide their own resource allocation, showing needs as well as establishing local priorities.

This project has involved the people on the following pages and has brought together both IHS and Tribal Leaders to establish and share goals and priorities for their communities.



Points of Contact

The table below lists the points of contact for each of the Primary Service Areas involved in the development of the California Area Health Services Master Plan.

Administrative Unit				
Clinic/PSA/Office		Clinic/PSA/Office Address		
Name	Title	Telephone	Email	
California Area IHS Office -- John E. Moss Federal Bldg., 650 Capitol Mall, Suite 7-100, Sacramento, CA 95814, (916)930-3981				
Office of the Director -- (916) 930-3927, Fax (916) 930-3951				
Margo D. Kerrigan	Area Director	(916) 930-3927 x306		
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Dennis Heffington	Self Determination Advisor	(916) 930-3927 x309	dennis.heffington@ihs.gov	
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Toni Johnson	CAO Dir, IT/CHS	(916) 930-3945 x354	toni.johnson@ihs.gov	
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Office of Environmental Health & Engineering -- (916) 930-3954, Fax (916) 930-3954				
Edwin (Ed) Fluette	Associate Director	(916) 806-4156	edwin.fluette@ihs.gov	
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Gary Ball	Facilities Architect	(916) 930-3981 x342	gary.ball@ihs.gov	
Phil Church	Facilities Engineer	(916) 930-3927	philip.church@ihs.gov	
Jeff Allen	Facilities Engineer	(916) 930-3954	jeffrey.allen@ihs.gov	
California Rural Indian Health Board, Inc. (CRIHB)				
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Central Valley Indian Health -- 20 N. DeWitt, Clovis, CA 93612, (559) 299-2578, Fax (559) 299-0245				
Central Valley Indian Health, Inc.-Clovis -- 20 N. DeWitt, CA 93612, (559) 299-2578, Fax (559) 299-2608				
Central Valley Indian Health, Inc.-Prather -- 29369 Auberry Road #102, Prather, CA 93651, (559) 855-5390, Fax (559) 855-5391				
North Fork Indian & Community Health Center -- 32938 Road 222 Suite 2, North Fork, CA 93643, (559) 877-4676, Fax (559) 877-7788				
Tachi Medical Center -- 16835 Alkali Drive, Suite M, Lemoore, CA 93245, (559) 924-1541, Fax (559) 924-2197				
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Chapa De Indian Health Program, Inc. (Auburn)				
Chapa-De Indian Health Program -- 11670 Atwood Road, Auburn, CA 95603 (530) 887-2800, Fax (530) 887-2819				
Grass Valley Clinic -- 1061 E Main Street, Grass Valley, CA 95945-5724, (530) 477-1727, Fax (530) 477-9217				
Yocha-De-He Health Clinic -- 175 W. Court Street, Woodland, CA 95695-2913, (530) 661-4440, Fax (530) 666-1388				
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Points of Contact

The table below lists the points of contact for each of the Primary Service Areas involved in the development of the California Area Health Services Master Plan.

Administrative Unit			
Clinic/PSA/Office	Clinic/PSA/Office Address		
Name	Title	Telephone	Email
Colusa Indian Community Council -- 50 Winton Road, Dept. D, Colusa, CA 95932, (530) 458-8231, Fax (530) 458-4186			
Arbuckle Medical Office -- 900 King Street, Arbuckle, CA 95912-1050, (530) 476-3144, Fax (530) 476-3462			
Colusa Indian Health Clinic -- 3710 Highway 45, Suite A, Colusa, CA 95932-4021, (530) 458-5501, Fax (530) 458-8660			
Wayne Mitchum	Tribal Chairman	(530) 458-8231	
Arnold Mitchell	Vice Chairman		
Joe Pina	Treasurer/Secretary		
Debra Adamiak	Director of Clinic Operations/Point of Contact	(530) 458-6547	dadamiak@colusanet.com
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Consolidated Tribal Health -- 6991 N. State Street, Redwood Valley, CA 95470, (707) 485-5115, Fax (707) 485-1585			
David Cherney	Director	(707) 485-5115	
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Dr. Cynthia Rutherford	Medical Director		
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Rick Night	Board Member, Vice-Chair Hopland		
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Feather River Tribal Health - Oroville -- 2145 5th Avenue, Oroville, CA 95965, (530) 534-5394, Fax (530) 534-0748			
Feather River Tribal Health - Yuba City -- 1231 Plumas Street, Yuba City, CA 95991-3410, (530) 751-8454, Fax (530) 751-8456			
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Greenville Rancheria Tribal Health Program -- 410 Main Street, Greenville, CA 95947, (530) 284-7990, Fax (530) 284-6612			
Greenville Rancheria Tribal Health Prog.-Greenville -- 410 Main Street, Greenville, CA 95947-0279, (530) 284-7990, Fax (530) 284-6612			
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Hoopa Valley Tribe			
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Maria Marshall	Injury Prevention	as above (ext: 231)	mmarsh@california.ihs.gov



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Name	Title	Telephone	Email
Gary Mosier	Data Manager	as above (ext: 228)	gmosier@california.ihs.gov
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RobRoy Latham	Human Resources/Transportation	as above (ext: 297)	rlatham@ca.ihs.gov
Indian Health Council, Inc. -- P.O. Box 406 Pauma Valley, CA 92601, (760) 749-1410, Fax (760) 749-1564			
Indian Health Council, Inc. - Valley Center -- 50100 Golsh Road, Valley Center, CA 92082, (760) 749-1410, Fax (760) 749-1564			
Santa Isabel Community Health Center -- Highway 79 at School House Canyon Road, Santa Ysabel, CA 92070, (760) 789-9060			
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Corinna Nyquist	Ambulatory Services Director	(760) 749-1410 x5244	cnysquist@indianhealth.com
Karuk Tribe of California -- P.O. Box 1016, Happy Camp, CA 96039, (530) 493-5305, Fax (530) 493-5322			
Karuk Tribe of California Happy Camp -- 64236 2nd Avenue, Happy Camp, CA 96039, (530) 493-5305, Fax (530) 493-5322			
Karuk Tribe of California Clinic-Orleans -- 39051 Highway 96, Orleans, CA 95556, (530) 627-3452, Fax (530) 627-3445			
Karuk Tribe of California Clinic-Yreka -- 1519 S. Oregon Street, Yreka, CA 96096, (530) 842-9200, Fax (530) 842-9217			
Lessie Aubrey	Director (Past Quality Management)	(530) 493-1600 x2042	lessieaubrey@karuk.us
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Dr. Todd Weaver	Karuk Tribe Dental Director	(530) 842-9200	
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Jackson Rancheria Medical/Dental Clinic -- 15515 Daltons Drive, Jackson, CA 95642, (209) 223-8470, Fax (209) 223-8473			
Mariposa Indian Health Clinic/Dental Clinic -- 5160 Bullion Street, Mariposa, CA 95338, (209) 742-6144, Fax (209) 742-5055			
Sonora Indian Health Clinic -- 13975 Mono Way, Suite G, Sonora, CA 95370-2807, (209) 533-9600, Fax (209) 533-9608			
Tuolumne Indian Health Center -- 18382 Tuolumne Road, Suite 7, Tuolumne, CA 95379-9754, (209) 928-4004, Fax (209) 928-4988			
MACT Indian Dental Clinic -- 18670 Carter Street, Tuolumne, CA 95379-9637, (209) 928-4279, Fax (209) 928-4101			
West Point Community Clinic -- 20693 Highway 26, Unit #7, West Point, CA 95255-9711, (209) 293-4004, Fax (209) 293-9584			
Andy Anderson	Executive Director	209-928-4135	wanderson@ihs.gov
Steve Riggio, DDS	Former Executive Director	(209) 928-4277	steve.riggio@ihs.gov
Carol Cloud	QI Specialist	(209) 928-1107	carol.cloud@ihs.gov



Points of Contact

The table below lists the points of contact for each of the Primary Service Areas involved in the development of the California Area Health Services Master Plan.

Administrative Unit				
Clinic/PSA/Office	Clinic/PSA/Office Address			
Name	Title	Telephone	Email	

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Sam Mendel	Facilities Manager/Security Officer	(530) 233-4591	coolsam71@yahoo.com

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Northern Valley Indian Health-Chico -- 845 W. East Avenue, Chico, CA 95926, (530) 896-9400, Fax (530) 896-9406				
Northern Valley Indian Health-Willows -- 207 N. Butte Street, Willows, CA 95988, (530) 934-4641, Fax (530) 934-2204				
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William Lancaster	Fiscal Management Director	(530) 934-9293	wlancaster@nvih.org	
Sue Severeid	Nursing Director	(602) 934-6984	ssevereid@nvih.org	
Katrina Flesher	Clinic Manager - Willows	(530) 934-9293	kflesher@nvih.org	
June Wittwer	Clinic Manager - Chico	(530) 896-9415	jwittwer@nvih.org	
Victor J. Sansalone	Past Executive Director			

Pit River Health Services

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Pit River Health Service - X-L Clinic -- Highway 395, Alturas, CA 96101, (530) 233-3223, Fax (530) 233-3196				
Inder Wadhwa	Interim Administrator/Fiscal Officer	(530) 335-5090 x141	inderw@pitriverhealthservice.org	
Raymond Rivera	RPMS/Facility Manager	(530) 335-5090	rayr@pitriverhealthservice.org	
Frank Kearns	Past Interim Administrator			

Quartz Valley Indian Reservation

P.O. Box 24, Ft. Jones, CA 96032, (530) 468-5907, Fax (530) 468-5908				
Aaron Peters	Director	(530) 468-5908	qvirmichelle@yahoo.com	
Bonnie MacLeod	Finance Director	(530) 468-5907	financeqvir@yahoo.com	
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Redding Rancheria Indian Health Service

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Agua Caliente Outreach Office -- 901 E. Tahquitz Way, Suite A204, Palm Springs, CA 92262, (760) 323-9496, Fax (760) 320-9615				
Barstow Outreach Office -- 705 E. Virginia Way, Suite E, Barstow, CA 92311, (760) 256-9016, Fax (760) 256-7856				
Cahuilla/Santa Rosa Outreach Office -- 39100 Contreras Road, Suite F, Anza, CA 92539, (951) 763-4835, Fax (951) 763-0495				
Morongo Health Care Center -- 11555 1/2 Potrero Road, Banning, CA 92220, (951) 849-4761, Fax (951) 849-5612				
Pechanga Health Care Center -- 12784 Pechanga Road, Temecula, CA 92390, (951) 676-6810, Fax (951) 676-0744				
San Manuel Health Care Center -- 2210 E. Highland Ave, Suite 200, San Bernadino, CA 92404, (909) 864-1097, Fax (909) 425-8242				
Soboba Health Care Center -- 607 Donna Way, San Jacinto, CA 92583, (951) 654-0803, Fax (951) 487-9634				
Torres-Martinez Health Care Center -- 66-735 Martinez Road, Thermal, CA 92274, (760) 397-4476, Fax (760) 397-0066				
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Hong Baker, DDS	Dental Director	(951) 849-4761 x	hbaker@rsbcihi.org	
Cynthia Palacios	Pt Services Coordinator	(951) 849-4761 x	cpalacios@rsbcihi.org	





Points of Contact

The table below lists the points of contact for each of the Primary Service Areas involved in the development of the California Area Health Services Master Plan.

Administrative Unit			
Clinic/PSA/Office	Clinic/PSA/Office Address		
Name	Title	Telephone	Email
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Renato Lopez (Ray)	Lab Manager	(951) 849-4761 x	rlopez@rsbcihi.org
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Sue Yoon	Pharmacy Director	(951) 849-4761 x	syoon@rsbcihi.org
Round Valley Indian Health Center, Inc. -- Corner of Hwy 162 & Biggar Lane, Covelo, CA 95428, (707) 983-6404, Fax (707) 983-6184			
Round Valley Indian Health Center, Inc. -- Corner of Hwy 162 & Biggar Lane, Covelo, CA 95428, (707) 983-6404, Fax (707) 983-6184			
Yuki Trails -- 23000 Henderson lane, Covelo, CA 95428, (707) 983-6648, Fax (707) 983-6649			
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Santa Ynez Indian Health			
Santa Ynez Tribal Health Clinic -- 90 Via Juana Lane, Santa Ynez, CA 93460, (805) 688-7070, Fax (805) 686-2060			
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Sheli Pfeifer	Social Services Director	(805) 668-7070 x14	spfeifer@sythc.com
Shingle Springs Tribal Health Program -- P.O. Box 1340, Shingle Springs, CA 95682, (530) 676-8010, Fax (530) 672-1935			
Shingle Springs Tribal Health Clinic -- 4140 Mother Lode Drive, Shingle Springs, CA 95682-8038, (530) 672-8059, Fax (530) 672-1935			
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Sonoma County Indian Health -- P.O. Box 7308, Santa Rosa, CA 95407, (707) 544-4056, Fax (707) 526-1016			
Sonoma County Indian Health - Santa Rosa -- 144 Stony Point Road, Santa Rosa, CA 95401, (707) 521-4545, Fax (707) 526-1016			
Sonoma County Indian Health - Manchester/Point Arena -- 144 Stony Point Road, Santa Rosa, CA 95401, (707) 521-4545, Fax (707) 526-1016			
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The table below lists the points of contact for each of the Primary Service Areas involved in the development of the California Area Health Services Master Plan.

Administrative Unit			
Clinic/PSA/Office	Clinic/PSA/Office Address		
Name	Title	Telephone	Email
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Pam Domino	Nursing Supervisor	(707) 521-4507	
Bob Orr	Human Resources	(707) 521-4654	
Cristie Pellegrini	Pharmacy Director	(707) 521-4590	
Southern Indian Health Council, Inc. -- 4058 Willows Rd., Alpine, CA 91901, (619) 445-1188, Fax (619) 445-4131			
Indian Health Council - Alpine -- 4058 Willows Road, Alpine, CA 91901			
Campo Medical/Dental Clinic -- 36190 Church Road, Campo, CA 91906, (619) 478-2225, Fax (619) 478-2288			
LaPosta Outreach Substance Abuse Center (Outpatient) -- P.O. Box 1315, Boulevard, CA 91905, (619) 478-2264, Fax (619) 478-2844			
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Bishop Clinic -- 52 Tu Su Lane, Bishop, CA 93514, (760) 873-8461, Fax (760) 873-3530			
Camp Antelope Clinic -- 73 Camp Antelope Road, Coleville, CA 96107, (530) 495-2151, Fax (530) 495-2736			
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Administrative Unit			
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Howonquet Health Center -- 501 N. Indian Road, Smith River, CA 95567, (707) 487-0215, Fax (707) 487-1818			
Klamath Health Center -- 241 Salmon Avenue, Klamath, CA 95548, (707) 482-2181			
United Indian Health Service -- 1600 Weeot Way, Arcata, CA 95521, (707) 825-5000, Fax (707) 825-6747			
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Warner Mountain Indian Health Clinic -- 132 Mee Thee-Uh Road, P.O. Box 247, Ft. Bidwell, CA 96112, (530) 279-6194, (530) 279-6288			
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Glossary of Terms

The Master Planning process is an extensive multi-month process that employs its own terminology, one not always known to all document users or process participants. The terms below are defined in an attempt to give some help in understanding how these terms are generally used, verbally as well as within the deliverable documents.

Additional Services.....	Medical or Healthcare support services offered that are typically not provided for by IHS. These services are usually tribal and hold no IHS supported planning metrics or thresholds.
Alternative Care	Alternative rural or urban hospitals within 90 miles of a Primary Service Area. These are profiled in the first phase of the Master Planning process as part of the PSA deliverable.
Area.....	The IHS consists of 12 large geographic and/or tribally organized administrative units responsible for the planning and provision of healthcare within each of their Service Units.
CHS.....	Contract Health Services. Healthcare services that must be purchased from Non-IHS providers, based upon threshold issues or high acuity. These are generally facility and professional services of greater scope and intensity than are available through IHS facilities and providers.
CHSDA.....	Counties defined all or in part as the Contract Health Services Delivery Area. To receive CHS payment for needed services outside of the IHS delivery system, a Native American must reside within this area.
Crossover	(See also "Migration"). The natural tendency for some people to crossover/ migrate outside their area for healthcare. <i>Negative or "Out" crossover/migrate:</i> service areas where more visits from their user population seek care elsewhere, than where other service area user populations seek care at their facility. <i>Positive or "In" crossover/migrate:</i> where more other service area user populations seek care at their facility service areas than where their service area user populations seek care elsewhere.
Deliverable	A specific planned report from The Innova Group given to the Master Planning workgroup, Area Office and/or PSA. These are published in a small number of binders as well as on the web for PSA download and printing as needed.
Defining Characteristic	The recognized significant component of a discipline's ability to deliver care (e.g.: physician, radiology room).
Discipline.....	A specific medical specialty (e.g.: primary care, dentistry or radiology).
Existing Delivery System	A table of medical services presently offered by access distance.
HSP	Health Systems Planning process software. The computer application that manages the IHS tool for the planning, programming and design of health facilities.



Historical Workload Analysis.....	The past workload generated by a PSA's communities. This workload reflects an average number over a 3 year period by service line. It is not countable for CHS purposes when the payor is a third party. This measure is typically visits but varies by service.
IHS	The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes.
Justification	Used within the context of whether or not workload, criteria and market assessment "justify" the placement of resources or services at an identified location.
Market Assessment.....	A part of the Delivery Plan report wherein a PSA's historical 3 year workload is compared to the United States National Average (USNA) workload understanding for an identical non-native population number, and the HSP understanding of expected workload for an identical native population number. The largest of these three is typically carried forward to the Delivery Plan as a planning assumption.
Market Share.....	The percentage of the user population from a specific community that is expected to be served at a facility for a specific discipline.
Migration	(See also "Crossover"). The natural tendency for some people to crossover/ migrate outside their area for healthcare. <i>Negative or "Out" crossover/migrate:</i> service areas where more visits from their user population seek care elsewhere, than where other service area user populations seek care at their facility. <i>Positive or "In" crossover/migrate:</i> where more other service area user populations seek care at their facility service areas than where their service area user populations seek care elsewhere.
.	
Patient Utilization Rates	The annual healthcare demand a single patient has for a discipline.
Payor Profile.....	An analysis of the payor mix for a Service Area, typically focusing on Medicare, Medicaid, Veterans and other third party payors that may or may not affect the Service Area's ability to raise third party billing thereby increasing revenue.
Primary Care Service Area	A group of communities and its population for which, at a minimum, the primary care disciplines are being planned and resourced. Referred to as the PSA.
RRM	Resource Requirements Methodology: The IHS staffing methodology.



Regionalization/Referral Partners	The grouping of workload from different PSAs for the purpose of stretching resources and improving access. A region may be as simple as a referral pattern among facilities creating effective leverage to purchase commonly needed services, or it may be a facility where on site resources are justified and can be offered to one or more PSAs thereby stretching CHS dollars.
RPMS	Registered Patient Management System: the IHS standard Patient record system that forms the data basis for the master planning process.
Resource Allocation	Analysis that follows the Delivery Planning phase. This focuses on the capacities exceeded by Delivery planning decisions, documenting shortfall and need. Resource deficiencies identified and documented include providers, rooms, staff, square feet, and CHS dollars.
Service Area.....	The communities and its population intended to be supported by a specific discipline's resources.
Service Delivery Plan	Analysis that follows the Regional Analysis and Services Stratification Report. This plan is final component of a report that includes the historical workload and market assessment pieces as well. The Delivery Plan assigns a projected workload assumption to a specific delivery option for approximately 120 service lines. Options typically include one of the following: delivery on-site, delivery through a Visiting Professional on-site, purchase care through CHS dollars, referral to the Service Unit for consideration, referral to the Region for consideration, or referral to the Area for consideration.
Service Access Distribution Template	A table of medical services, either desired or planned, detailing services offered by access distance.
Service Population	The IHS understanding of the number of Native Americans living within a county which may or may not be users. Census based and projected into the future. Primarily used for growth projection and market opportunities.
Service Unit.....	An administrative unit overseeing the delivery of healthcare to a specific geographic area. May consist of one or more facilities, Service Areas, or PSAs.
Threshold	The minimum workload and/or remoteness necessary to justify the provision of a specific discipline.
Travel Distance	The distance a User has to travel from his home to a facility to receive care.
User.....	A Native American that has received or registered to receive healthcare in the past three years.
User Population.....	The number of Active Indian Registrants in the healthcare system from a specified area.



Small Ambulatory Care Criteria (SAC)

In order to provide consistent appropriate healthcare to remote Native American communities, the Indian Health Service relies on a number of standard tools to distribute resources based on a community's population and medical workload. The standard tools, the Resource Requirements Methodology (RRM) and the Health System Planning software (HSP) do not adequately address communities of less than 4,400 primary care provider visits (PCPVs). Typically this is a population of approximately 1,320 Active Users.

The Small Ambulatory Care Criteria (SAC) was developed as a means of understanding and planning for needs in such communities as mentioned above. Most maps in this Master Planning document utilize a population number threshold based upon the Small Ambulatory Care Criteria developed by IHS. The numbers relate directly to typical delivery systems ranging from a Small Health Clinic down to a Health Location. The table below identifies the significance of each number and what facility might be justified for consideration at such a level.

User Population	Facility	Staffing & Service Concept
900-1,319	Small Health Clinic	A Physician utilized between 70 – 100%. Two Dentists or a Dentist and Hygienist at all times
588-900	Large Health Station	Minimal facility to allow One full time dentist work with a medical provider 3 days a week.
256-587	Medium Health Station	Minimal facility that allows dentist to work 4 days a week and medical provider 2.5 days/week. One full time Public Health Nurse and Contract Health Clerk.
138-275	Small Health Station	Minimal facility that allows dentist to work 3 days a week and medical provider 2 days/week
0-137	Health Location	Minimal facility with visiting providers less then one day per week.

Note:

- Other criteria must be applied to justify consideration for a small ambulatory care facility. Standard planning scenarios would apply to populations greater than represented in the table above.
- The SAC criteria is available from The Innova Group website at www.theinnovagroup.com



Small Ambulatory Care Application Criteria

SAC Threshold Criteria				Projected Utilization Rate	SAC Clinic Model Thresholds				
Threshold - PCPV		4,400			3,001	1,989	976	488	0
Threshold - Dental Srv. Minutes			125,306		85,500	55,765	26,125	13,110	0
Threshold - User Pop	1,320				901	588	276	138	25
					SAC Workload Assignment				
Primary Service Area	2015 Projection				Small Health Clinic	Large Health Station	Medium Health Station	Small Health Station	Health Location
	User Pop	Workload - PCPVs	Dental Service Minutes						
Central Valley Indian Health Program									
Central Valley Indian Hlth -- Clovis	5,086	19,693	488,111	3.9					
Central Valley Indian Hlth -- Prather	618	2,415	58,710	3.9		Yes			
North Fork Indian & Comm. Hlth Center	954	3,941	90,630	4.1	Yes				
Tachi Medical Clinic	896	3,555	90,208	4.0	Yes				
Chapa-De Indian Health Program									
Chapa-De Health Clinic - Auburn	2,872	14,200	347,272	4.9					
Grass Valley Health Clinic	685	3,040	65,075	4.4	Yes				
Yocha-De-He Health Clinic - Woodland	911	3,817	202,122	4.2	Yes				
Colusa Indian Health Program									
Arbuckle Medical Office				0.0					
Colusa Indian Health Clinic	149	593	14,155	4.0				Yes	
Consolidated Tribal Health									
	3,905	14,790	374,685	3.8					
Feather River Indian Health Assoc.									
Feather River Tribal Hlth -- Oroville	2,808	11,466	266,760	4.1					
Feather River Tribal Hlth -- Yuba City	1,375	5,366	130,625	3.9					
Greenville Rancheria									
Greenville Tribal Health Ctr.	389	1,518	44,346	3.9			Yes		
Red Bluff Tribal Health Center	872	3,673	82,840	4.2	Yes				
Indian Health Council									
Indian Health Council, Inc - Valley Center	4,733	16,086	449,635	3.4					
Santa Ysabel Community Health Center	799	2,772	71,836	3.5		Yes			
Karuk Tribal Health Program									
Happy Camp Health Services	585	2,316	56,131	4.0		Yes			
Karuk Tribe of CA Clinic - Orleans	251	1,205	23,845	4.8			Yes		
Karuk Tribe of CA Clinic - Yreka	1,201	4,794	122,082	4.0					
K'ima:W Medical Center Clinic (Hoopa)	3,685	18,434	350,075	5.0					
Lake County Tribal Health Clinic	2,284	8,702	216,980	3.8					
Mact Health Board, Inc.									
Jackson Rancheria Health Complex	708	2,914	74,659	4.1		Yes			
Mariposa Indian Health Clinic	526	2,124	52,469	4.0		Yes			
Sonora Indian Health Clinic	203	805	19,285	4.0				Yes	
Tuolumne Indian Health Center	1,004	3,974	116,364	4.0	Yes				
West Point Community Clinic	387	1,837	36,765	4.7			Yes		
Modoc Indian Health Project	247	979	24,404	4.0			Yes		



Small Ambulatory Care Application Criteria

SAC Threshold Criteria				Projected Utilization Rate	SAC Clinic Model Thresholds				
Threshold - PCPV		4,400			3,001	1,989	976	488	0
Threshold - Dental Srv. Minutes			125,306		85,500	55,765	26,125	13,110	0
Threshold - User Pop	1,320				901	588	276	138	25
2015 Projection					SAC Workload Assignment				
Primary Service Area	User Pop	Workload - PCPVs	Dental Service Minutes		Small Health Clinic	Large Health Station	Medium Health Station	Small Health Station	Health Location
Northern Valley Indian Health Program									
Chico Health Clinic	1,167	4,467	145,233	3.8					
Willows Health Center	808	3,053	81,366	3.8	Yes				
Pit River Health Services									
Burney Health Clinic	1,121	4,222	127,794	3.8	Yes				
Pit River Health Service - X-L Clinic	45	190	5,942	4.2					Yes
Quartz Valley Rancheria	150	583	14,250	3.9				Yes	
Redding Rancheria Indian Health Clinic	5,379	15,086	496,589	2.8					
Riverside/San Bernardino Co Indian Health Prog.									
Agua Caliente Outreach Clinic (Palm Springs)				0.0					
Barstow Outreach Office				0.0					
Cahuilla/Santa Rosa Outreach Office (Anza)	96	372	9,120	3.9					Yes
Morongo Health Care Center	3,307	14,851	314,165	4.5					
Pechanga Health Care Center	1,098	3,962	104,310	3.6	Yes				
San Manuel Health Care Clinic	4,798	18,575	460,368	3.9					
Soboba Health Care Center (San Jacinto)	4,413	17,084	523,545	3.9					
Torres-Martinez Health Care Center	219	848	20,805	3.9				Yes	
Round Valley Indian Health Clinic	1,454	8,365	140,893	5.8					
Santa Ynez Health Clinic	1,024	4,757	118,682	4.6					
Shingle Springs Tribal Hlth Clinic	1,114	4,192	107,947	3.8	Yes				
Sonoma County Indian Health Project									
Sonoma - Santa Rosa Health Center	4,966	22,422	514,229	4.5					
Sonoma -Manchester/ Point Arena Clinic	186	716	17,670	3.9				Yes	
Southern Indian Health Council									
Alpine Health Center	2,200	11,471	292,600	5.2					
Campo Medical/Dental Clinic	515	2,408	51,371	4.7		Yes			
Susanville - Lassen Indian Health Center	1,285	7,180	125,737	5.6					
Sycuan Medical/Dental Clinic	408	3,701	88,760	9.1	Yes				
Table Mountain Medical Clinic	0			0.0					
Toiyabe Indian Health Project									
Bishop Clinic	2,697	9,568	266,464	3.5					
Camp Antelope Clinic (Closed)				0.0					
Lone Pine Clinic	599	2,528	57,474	4.2		Yes			
Tule River Tribe									
Tule River Indian Health Center	1,960	7,969	208,544	4.1					
Visalia Health Station	1,034	4,042	98,230	3.9	Yes				



Small Ambulatory Care Application Criteria

				SAC Threshold Criteria			Projected Utilization Rate	SAC Clinic Model Thresholds				
Threshold - PCPV					4,400			3,001	1,989	976	488	0
Threshold - Dental Srv. Minutes						125,306		85,500	55,765	26,125	13,110	0
Threshold - User Pop				1,320				901	588	276	138	25
				2015 Projection				SAC Workload Assignment				
Primary Service Area				User Pop	Workload - PCPVs	Dental Service Minutes		Small Health Clinic	Large Health Station	Medium Health Station	Small Health Station	Health Location
United Indian Health Services												
Elk Valley Rancheria Office							0.0					
Crescent City PSA (New)				1,695	7,225	190,878	4.3					
Fortuna Health Center				1,007	3,841	95,665	3.8	Yes				
Howonquet Health Center				410	2,069	45,708	5.0		Yes			
Klamath Health Centerr				560	2,436	53,200	4.4		Yes			
Potawot Health Center				3,748	16,104	445,075	4.3					
Weitchpec Health Center				158	905	15,010	5.7				Yes	
Warner Mountain Indian Hth Clinic				131	742	12,445	5.7				Yes	

Note: Identification in this table is a starting point for SAC application. For application decision please consult the actual PSA Plan.